# SOUTH FLORIDA WATER MANAGEMENT DISTRICT

[*www.sfwmd.gov/ePermitting*](http://www.sfwmd.gov/ePermitting)

TABLE A

Description of Wells

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Well Name or Number** |       |       |       |       |       |       |
| **Map Designation** |       |       |       |       |       |       |
| **Existing or Proposed** |       |       |       |       |       |       |
|  **Date of Proposed**  **Construction** |       |       |       |       |       |       |
|  **Date Installed if**  **Existing** |       |       |       |       |       |       |
| **Diameter (in)** |       |       |       |       |       |       |
| **Total Depth (ft)** |       |       |       |       |       |       |
| **Cased Depth (ft)** |       |       |       |       |       |       |
| **Screened Interval (ft)** |       |       |       |       |       |       |
| **Pumped or Flowing** |       |       |       |       |       |       |
| **Pump Type (see Instructions)** |       |       |       |       |       |       |
| **Pump Intake Depth (ft bls)** |       |       |       |       |       |       |
| **Pump or Flow Capacity (GPM)** |       |       |       |       |       |       |
| **Working Valve if Artesian** **(yes, no or not applicable)** |       |       |       |       |       |       |
| **Status (see Instructions)** |       |       |       |       |       |       |
| **Purpose (see Instructions)** |       |       |       |       |       |       |
| **Elevation of the Wellhead**  **(ft NGVD - see Instructions)** |       |       |       |       |       |       |
| **Water Use Accounting Method** **(see Instructions)** |       |       |       |       |       |       |
| **Date Last Calibrated** **(ATTACH calibration report)** |       |       |       |       |       |       |
| **Planar Coordinates**  **(if known - see instructions)** |       |       |       |       |       |       |
| **Section / Township / Range** |       |       |       |       |       |       |

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**Instructions for Completing TABLE A**

**Description of Wells**

Please provide the following information about the well, if known or if applicable:

**Well Name or Number:** *This is your designation of the well; if we contact you about the well,*

*this is how you would refer to it.*

**Map Designation:** *This is how you have labeled the well on the map you submitted. This may*

*be the same as Well Name or Number, but does not necessarily have to be.*

**Existing or Proposed:** *If the well is proposed enter the date of expected operation. If it is an*

*existing well, enter the date it was installed if you know it.*

**Diameter:** *Outside diameter of the well casing.*

**Total Depth:** *Total length in feet between the land surface and the bottom of the well.*

**Cased Depth:** *The length in feet from land surface to the bottom of the well casing.*

**Screened Interval:** *The distance in feet below land surface to the top and bottom of the well*

*screen if the well is so equipped.*

**Pumped or Flowing:** *Does the well produce water as a result of natural artesian flow, or is it pumped?*

**Pump Type:** *This is the type of pump that has been installed for your well. Typical choices are:*

 centrifugal diesel turbine axial flow windmill

 submersible jet suction other (specify)

 electric turbine hydraulic portable

**Pump Intake Depth:** *Location of the pump depth in feet below land surface. The pump may be on the surface or down inside the well.*

**Pump or Flow Capacity:** *The amount of water the pump can produce in gallons per minute (GPM).*

**Working Valve:** *If the well is artesian; does it have a working valve to control the flow?*

**Status:** *Typical choices are:*

Primary

Secondary (Ex: a production well that is rotated)

 Standby (Ex: used for freeze protection or emergency)

Monitor

 Injection (Ex: Air Conditioning, pool heat exchange, etc.; sometimes used only periodically)

 Recharge (Ex: same as above)

**Purpose:** *This is what the water will be used for. Typical choices are:*

Dairy Irrigation Air Conditioning Swimming Pool Heating

Monitor Aquaculture Freeze Protection Irrigation/Lake Recharge

Livestock Bottled Water Mining/Dewatering Aquifer Storage and Recovery

Industrial Other (specify) Public Water Supply Aquifer Remediation and Recovery

**Elevation of the Wellhead:** *This is the elevation of the top of the finished well at the ground surface.*

**Flow Measurement Method:** *Section 4.1, Basis of Review for Water Use Permit Applications, requires all permittees with a* ***maximum monthly use of greater than 3 million gallons*** *to equip each existing water withdrawal facility with an authorized operating water use accounting system and a report of its calibration to be sent to the District. Describe how you measure the amount of water produced by the well.*

**Date Last Calibrated:** *When was the flow measurement method last calibrated? ATTACH the calibration report.*

**Planar coordinates:** *The Florida State Plane System (Planar Coordinates), should be submitted if you have a land survey which identifies the location of the well in terms of those measurements. If you do not know what these are, it is not necessary to include them.*

**Section / Township / Range:** *The section, township and range in which the well is located.*